

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC		FEC IDENTIFICATION NUMBER ▼ C C00507517	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 27 / 2012	

Full Name (Last, First, Middle Initial) of Payee Carter Printing		Date MM / DD / YYYY 09 / 14 / 2012	
Mailing Address 1739 E Grand Ave		Amount 399.13	
City Des Moines	State IA	Zip Code 50316	Transaction ID : SE.8616
Purpose of Expenditure Printing		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE MR. KING		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21034.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Matt Denner		Date MM / DD / YYYY 09 / 12 / 2012	
Mailing Address 2819 Holcomb Ave		Amount 750.00	
City Des Moines	State IA	Zip Code 50310	Transaction ID : SE.8559
Purpose of Expenditure Payroll		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE MR. KING		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19259.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1149.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Signature _____ Date MM / DD / YYYY
10 / 02 / 2012